

**NATIONAL JOINT REGISTRY STEERING COMMITTEE
MINUTES**

Meeting:	Steering Committee meeting 2004/ No.2	Date:	Monday 19 April 2004
Location:	BOA, The Royal College of Surgeons, 35 – 43 Lincoln’s Inn Fields, London WC2A 3PN		
Present:	Bill Darling	BD	Chair
	Paul Gregg	PG	Vice chair
	Jan van der Meulen	JM	Royal College of Surgeons (representing the surgical profession)
	Alex MacGregor	AM	St Thomas’ Hospital (representing public health and epidemiology)
	Christine Miles	CM	Royal Orthopaedic Hospital (representing NHS Trust management)
	Martyn Porter	MPo	British Hip Society
	Sally Taber	ST	Independent Healthcare Forum
	Colin Thomson	CT	All Wales Community Health Councils (patient group representative)
	Andy Crosbie	AC	Medicines and Healthcare products Regulatory Agency (MHRA)
	Andy Smallwood	AS	NHS Purchasing and Supply Agency
	Paul Woods	PW	Department of Health
	Tim Wilton	TW	British Association for Surgery of the Knee
	Fiona Davies	FD	AEA Technology (contractor)

The following AEA Technology staff were also present:

David Carter	DC	NJR Programme Manager
Sue Mercer	SM	NJR Project Administrator

Apologies:

Sally Couzens	SCo	National Association of Theatre Nurses
Mick Borroff	MB	Depuy International Ltd, ABHI (representing the orthopaedic device industry)
Ken Bateman	KB	Smith & Nephew Healthcare Ltd, ABHI (representing the orthopaedic device industry)
Chris Dark	CD	BUPA Hospitals (representing the independent sector)
Hugh Phillips	HP	British Orthopaedic Association
Stephen Chamberlain	SCh	National Assembly for Wales

Item	Welcome and Introductions	Action by
1	<p>The meeting opened at 10.30.</p> <p>BD welcomed all attendees to the meeting. Round the table introductions were then made as Sally Taber (representing the Independent Healthcare Forum (IHF) in the place of Chris Dark) was attending her first SC meeting.</p> <p>BD then congratulated Martyn Porter on his appointment as President of the British Hip Society. He also said that the SC would wish to pass on their congratulations to Hugh Phillips (who was unable to attend the meeting) on his appointment as President of the Royal College of Surgeons for the coming three years.</p> <p>BD thanked AEAT, and in particular Ian Calcutt (NJR IT Manager) and Sandra Hasler (NJR Communications Manager) on the volume of work they had completed in order to launch the pilot form of MDSv2 on schedule.</p> <p>PW said that ROCR approval for MDSv2 had been delayed but should be received this week.</p> <p>ST commented that the IHF were in negotiations with two Independent Sector Treatment Centres concerning potential membership.</p> <p><u>To note:</u> Elizabeth Nokes has resigned from the SC as she is no longer working at Arthritis Care. The SC will be advised when Arthritis Care have nominated a new representative.</p>	
2a	<p>Progress on actions</p> <p>Appendix 2 incorporates updates and progress on actions. The following actions were discussed. (<u>Note:</u> New actions arising are indicated in bold type.)</p> <p><u>Action 2003/139:</u> – PW said that he had contacted relevant staff in the Department of Health regarding hospitals' star-ratings. He had been advised that responsibility now rested with CHAI (now known as The Healthcare Commission). Key targets were already set but that there may be an opportunity to add others in the Autumn although a strong supporting business case would be needed.</p> <p>BD said that he had been informed by Professor Sir Ian Kennedy that the star-rating system was going to change to outcome based measures and so this action may no longer be relevant in its current form.</p> <p>CM pointed out that SHAs have an important role with regards to clinical governance and that the NJR should be communicating with them. She referred to a balanced scorecard approach used in her trust's Clinical Governance Development Plan (CGDP). This included participation in the NJR and a specific objective of increasing the level of patient consent. Further discussion resulted in agreement that CM should work with AEAT to produce a draft guide for SHAs to assist them in their evaluation of submitted CGDPs specifically in relation to NJR compliance.</p>	

	<p>typographical correction.</p> <p>[Action 2004/171] Amend the January 2004 SC meeting minutes as agreed and place final version on the NJR website. By 26 April 2004.</p>	AEAT
3	<p>Quarterly Management Report – NJRSC (04) 04</p> <p>PG suggested that a list be drawn up of trusts proving to be a challenge to the NJR. DC advised that this matter would be covered in Item 9 of the agenda.</p> <p>ST asked for more information regarding the situation in Scotland. PW advised that Scotland are collecting mandatory MDSv2 fields and requested provision of a quarterly component database update to ensure that their data remains compatible with that collected by the NJR.</p> <p>ST also asked Scottish independent hospitals be alerted to these developments as they were not always automatically considered when new developments took place.</p> <p>[Action 2004/172] PW to e-mail ISD to ensure that the independent sector are included in communications regarding hip and knee replacement data collection in Scotland. [Note: ISD is the Information and Statistics Division of the Common Services Agency, NHSScotland. They carry out the analyses and produce the reports for the Scottish Arthroplasty Project.]</p>	PW
4	<p>NJR Finance Report – NJRSC (04) 05</p> <p>PW introduced this paper by saying that over £2M had been collected on levyable components from April 2003 to January 2004 and this had more than paid for the costs of running the NJR.</p> <p>In April 2003, Ministers had agreed that the NJR should receive £850,000 from the Department of Health to assist with the development of the NJR .</p> <p>As the levy was covering the cost of the NJR, a request was made in line with Departmental procedure for £1M to be carried forward to 2004/05. The Department decided that no funding could be carried over to 2004/05: there is no form of appeal.</p> <p>The SC briefly discussed whether there might have been ways in which the NJR could have spent these surplus funds appropriately during 2003/04. There was a consensus that in simple terms these surplus funds had arisen ahead of when they might really be needed, for example, to fund research.</p> <p>The SC then went on to discuss how any surplus funds in 2004/05 could be appropriately spent such as in funding research, improved data collection, or perhaps by expanding the Regional Audit Co-ordinator team. They agreed that plans should be put in place for this expenditure. MPo suggested that a 5 year plan might be useful.</p> <p>PW reminded the SC that the DH must not make a profit and asked that the committee advise him, ahead of the July SC meeting, of any suggestions for how the surplus funds could be best allocated. He pointed out that spend is agreed by Ministers and subject to the scrutiny of auditors and the National</p>	

Audit Office. All spend has to abide with the Government applied principles of value for money and transparency.

[Action 2004/173] SC members to inform the NJR Centre by 11 June of their suggestions for how future funds could be best allocated, with supporting rationale, so that AEAT can produce a discussion paper with possible priorities, for the July SC meeting.

All SC Members

Under-reporting

There was discussion related to the current extent of under-reporting, how it varies widely between trusts, but that overall the various measures being taken to improve compliance rates are having a positive effect. JvdM advised not to rely on HES data as a sole comparator for NJR figures in the English NHS.

[Post-meeting note: The NJR Centre is now able to use 2002-03 HES data for comparison purposes – in place of 2000-01 HES data. Improvements in the classification of procedures within HES systems means that Hip hemiarthroplasties can be separated out from total hip procedures. The net result is a marked reduction in the HES comparison figures for total hip procedures at individual trusts and hospitals. Thus, although important and needing to be addressed, the extent of under-reporting is not on the scale that previously had been suspected.]

AC commented that there could be thousands of paper proformas awaiting data entry in at least some of the hospitals classed as under-reporting – i.e. the data has not been entered into the NJR system and so is not recorded centrally, although it has been collected at the time of operation. DC responded that helping hospitals join the NJR and deal with backlogs of data entry continues to be a key activity carried out by the Regional Clinical Co-ordinators (RACs). Weekly statistics of completed operations reflect the success of this activity – with weekly completed records entered into the NJR system in early March / April 2004 averaging over 2,000.

AS pointed out that another form of checking the extent of compliance would be to ask hospitals to provide details of the number of procedures performed, while the NJR Centre could provide them with details of data submitted into the NJR system. FD indicated that this was likely to be done but would be discussed further later in the meeting.

In relation to discussion regarding further communications with Chief Executives, CM reminded the SC that the NJR is not on the Chief Executives' agendas and that they would delegate actions to General Managers.

The role of the RACs

PG asked if the Regional Audit Co-ordinators (RACs) had made a difference in terms of obtaining compliance. DC said that RACs are having success in bringing nil return hospitals on board but this effort needs to continue for some time as there are a large number of hospitals for the RAC team to cover fully. FD advised that, to date, the priority for RACs has been to focus on nil return hospitals. However, they would now widen their focus to include hospitals that have entered data but not near the level predicted from HES statistics.

CM suggested that the local hospital managers could be asked to respond to a number of indicators (which would show problem areas) for example:

- number of operations performed
- number of proformas completed
- number of procedures entered
- number of procedures not entered
- number of procedures not validated

The meeting agreed that SC members would find it useful to have a paper to refer to that summarised data quality issues encountered and how they are being addressed and / or it is suggested they are addressed in the near future.

[Action 2004/174] AEAT to prepare a paper for the July SC meeting reporting on data quality issues including nil returning hospitals and hospitals with low levels of case ascertainment.

AEAT

CM asked if the NJR needed to recruit more RACs and suggested hiring a senior nurse consultant in the interim. The SC felt that it was important to first evaluate the role of the RACs.

[Action 2004/175] AEAT to produce a paper for the July SC meeting that evaluates the RAC role.

AEAT

PG said that a named contact is required in each hospital with responsibility for ensuring compliance with the NJR. He advised that the NJR Centre should write to each Orthopaedic Department to obtain details of this contact. FD replied that there had been related communications in the past but hospitals continued to fall into two groups – those that had identified an NJR lead and gave the details to the NJR Centre and those that both failed to take action and failed to communicate with the NJR Centre. PG answered that if a letter is not successful then perhaps Lord Warner could be asked to become involved.

AC felt that the benefit to the NJR would be maximised by the RACs concentrating their attentions on the larger non-compliant / low compliance hospitals. PG responded that the NJR should apply across all hospitals regardless of size, small hospitals were just as important as larger ones and equal effort should be applied to all hospitals.

TW believed that insufficient time and effort had been spent on persuading surgeons that they should comply with the NJR. If the surgeons were persuaded, he felt that hospital management would find the funds to support the NJR.

Making use of the RCC network

MPo stated that more involvement and leadership was required from the RCCs. They could be used to collect: (a) relevant missing contact details from hospitals; (b) indicator information; (c) details of what individual hospitals have done to increase compliance. It was agreed that this communication route should be used. Agreement of the detailed approach would be the main agenda item for the next RCC network meeting (to be held on Wednesday 19 May). BD requested that this information request be copied to Medical Directors.

6	<p>IT Update</p> <p>The SC were referred to the Management Report for full details of IT-related activity in the last quarter of FY 2003/04. DC advised that MDS v2 was currently still running as a pilot though ROCR approval is expected shortly. The bulk upload and barcoding facilities are on course for launch in July 2004.</p>	
7	<p>NJR First Annual Report – Progress Update</p> <p>FD summarised the 1 page update circulated in advance of the meeting. She reminded the SC that the Editorial Board would be meeting directly after the SC meeting. There was some discussion as to whether the next Editorial Board meeting should be held on a separate day to the July Sc meeting. However, Board members preferred to cover both meetings in the same day even if it meant a late finish.</p> <p>The draft contents page for the report had been circulated to Editorial Board members and only minor changes were recommended at present.</p> <p>FD advised that Lord Hunt had now confirmed in writing that he will launch the report at Day 1 of the BOA Annual Congress 2004, subject to parliamentary business.</p> <p>Martin Pickford, NJR Orthopaedic Advisor, had a meeting arranged with James Lewsey regarding interpretation of component-related data.</p>	
8	<p>NJR Patient Feedback Process - Feedback from February 2004 Advisory Group meeting</p> <p>DC introduced this paper saying that the main objective of the Advisory Group meeting on 26 February 2004 was to establish the purposes of the NJR patient feedback process.</p> <p>The next meeting will be held on 19 May 2004, directly following the RCC Network meeting. It is hoped that a decision will be reached on how many patients should be involved in the process.</p> <p>PG said that a member of the BOA Patient Liaison Group should be invited onto the Patient Feedback Advisory Group.</p> <p>[Action 2004/179] PG to arrange for a member of the BOA Patient Liaison Group to join the Patient Feedback Advisory Group. (Name and contact details to be forwarded to David Carter.)</p> <p>FD advised that she has issued an invitation to a member of the BOA Patient Liaison Group (Terry Garrett) to visit the NJR Centre as he lives nearby. The invitation has been issued via David Adams and David Jones at the BOA.</p>	PG
9	<p>Nil Return Hospitals – Review of Situation</p> <p>DC circulated a list of nil return hospitals for the period 1 April 2003 to 12 April 2004. SC members identified some corrections to be made to the list as they knew some hospitals listed did not perform THR or TKR operations.</p>	

	<p>BD said that related discussion had taken place earlier in the meeting and asked that the NJR continue to “clean up” the list of nil return hospitals.</p> <p>[Action 2004/180] PG asked that the list of nil return hospitals be sent to RCCs after having been updated with the SC members’ corrections.</p> <p>DC reminded the SC about discussions on PKI some months ago. PKI means Public Key Interface. In simple terms it is a method whereby surgeons would be able to get patient details back from the NJR system as there would be a 'key' on their PC which authenticates with the NJR database and allows them to see the details of their operations. Such a facility could greatly increase surgeon willingness to participate in the NJR.</p> <p>[Action 2004/181] AEAT to produce a paper on developing a PKI (Public Key Interface) system (including costs) for the July SC meeting.</p>	<p>AEAT</p> <p>AEAT</p>
10	<p>Surgeon Compliance</p> <p>FD briefed the SC on recent developments. Discussions earlier in the year indicated that it might be helpful to compile a brief document that clearly explained why surgeons should see it as being in their own interest to comply with the requirements of the NJR.</p> <p>Initial work was carried out on preparing a relevant document. However, Hugh Phillips has provided a useful briefing on recent and current developments, including documentation in preparation to assist surgeons in preparing for appraisal and then revalidation.</p> <p>The document “Criteria Standards and Evidence” is in preparation at the RCS. It has been requested by the GMC and is in two parts: (a) Generic Advice; (b) Specialty Specific Advice. Both sections refer to the requirement for compliance with the NJR and other National Registries.</p> <p>[Action 2004/182] FD to contact Hugh Phillips to obtain an update on development of the “Criteria Standards and Evidence” document that can also be circulated to SC members.</p>	<p>FD</p>
11	<p>Any Other Business</p> <p>Firstly PW said that he had received a letter from Grey Giddins, Chairman of the British Society for Surgery of the Hand (BSSH). The BSSH has set up a registry for thumb and finger implants and asked whether the NJR could help them with the matter of poor compliance.</p> <p>The SC discussed this matter, agreeing that the NJR should encourage the BSSH and could help them with communications by, e.g., providing a web link from the NJR website and perhaps asking them to submit an article for inclusion in the Joint Approach newsletter.</p> <p>[Action 2004/183] NJR Centre Communications Manager to make contact with Grey Giddins, Chairman of the British Society for Surgery of the Hand (BSSH) to offer them appropriate support.</p> <p>(a) Early warning mechanisms – forming a subgroup</p>	<p>AEAT</p>

<p>FD advised that discussions with senior National Patient Safety Agency (NPSA) staff at the NPSA safety Event 2004 indicated that NPSA may have analytical tools that could be of use to the NJR. However, the starting point for the NJR should be to liaise with the various NJR stakeholder groups to determine what 'early warning' functionality is required for the NJR, what triggers each aspect should set off, resulting actions, and which bodies take prime ownership of each type of scenario involved.</p> <p>The SC discussed the possibility of forming a subgroup to identify issues and then talk to the NPSA when we are aware of the NJR's needs.</p> <p>JvdM volunteered to co-ordinate development of a draft paper, consulting with Andy Crosbie, Andy Smallwood, Mick Borroff, Paul Gregg, Chris Dark and the NJR Centre (David Carter).</p> <p>[Action 2004/184] JvdM to liaise with the various NJR stakeholder groups to determine what 'early warning' functionality is required for the NJR, what triggers each aspect should set off, resulting actions, and which bodies take prime ownership of each type of scenario involved. JvdM to produce a related paper for the July SC meeting. Individuals to be consulted are: AC, AS, MB, PG, CD and DC. Draft paper to be delivered to the NJR Centre by 30 June 2004.</p> <p>MPo enquired what had happened regarding putting procedures in place for when NJR data appears to indicate are poorer performing surgeons. PG referred to a meeting with the GMC, after which a summary note was circulated to the SC for information (Paper NJRSC (03) 38). It was agreed that this issue should be re-opened and a paper brought to the July SC meeting.</p> <p>[Action 2004/185] AEAT to produce a paper for the July SC meeting regarding putting procedures in place for helping what NJR data appears to indicate are poorer performing surgeons. Production of the paper should involve consulting BD, PG, HP, PW and JvdM.</p> <p>(b) Research subcommittee – an update</p> <p>JvdM had already advised earlier in the meeting that he was unable to provide this update at present. See Action 2003/142 (Revised)</p> <p>(c) Possible further information for patients</p> <p>Having discussed this matter the SC decided that it was not the role of the NJR to provide additional information beyond what was already given on the NJR web site and in response to phone / email enquiries. (Currently patients are advised to speak to their consultant, to their GP and/or contact NHS Direct.)</p> <p>PG said that a patient's GP can arrange further contact with their consultant or the patient could obtain a second opinion.</p> <p>AC added that the NHS information owners manual plans to supply centralised patient information in a booklet.</p> <p>Finally AC thanked the NJR Centre on behalf of the MHRA for its help</p>	<p>JvdM</p> <p>AEAT</p>
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	<p>during the recent alert. There was a link from the NJR web site to the Alert Notice on the MHRA web site and NJR Centre had been briefed appropriately to handle any related calls.</p> <p>The main meeting closed at approximately 13.00.</p> <p>Date and venue of the next meeting</p> <p>The next Steering Committee will be held on Thursday 15 July 2004 in the BOA Robert Jones Boardroom at the Royal College of Surgeons. The meeting will start at 10.30, with an Editorial Board meeting due to follow on after lunch (14.00 start).</p>	
	<p>European Arthroplasty Register (EAR)</p> <p>Following lunch, Dr Gerold Labek MD, Co-ordinator of the European Arthroplasty Register (EAR) gave a presentation on progress in the development of EAR. SC members had previously received a short briefing paper that contained most of the key points.</p> <p>The presentation updated this briefing paper. Dr Labek pointed out that the next EAR meeting is on 25 June 2004 at the European Hip Society meeting in Innsbruck. This would be the earliest possible date at which the NJR could participate in EAR business. NJR representation would be possible if the NJR were to request membership of EAR in advance of the meeting.</p> <p>GL then took questions from the members of the SC.</p> <p>PG asked Dr Labek to explain how a European registry was more beneficial than considered analysis of existing, and subsequent, Annual Reports by registry individual member countries.</p> <p>GL explained that there are several issues in relation to early warning that are likely to be of benefit to all patients; definition of common standards and a larger amount of comparative data to establish survival curves and to reach earlier conclusions. Sharing of best practice was also an important benefit.</p> <p>JvdM said that he felt that definition of common standards and data quality would be of clear benefit to the NJR. The submission and ownership of data was a separate issue that may be more difficult to resolve, but should not obscure the debate about the former.</p> <p>TW added that, in his view, a wider, more culturally diverse cohort would help to identify poorly performing implants as a confounding variable, over and above variations in surgical practice.</p> <p>MPo confirmed with GL that only data about Hips was currently being considered. He further asked for clarification of the EAR Hip MDS.</p> <p>BD thanked GL for his presentation and being prepared to answer probing questions.</p> <p>[Action 2004/186] The Steering Committee to make a decision on whether or not to participate in the European Arthroplasty Register (EAR) at present</p>	<p>All SC members</p>

	at the July SC meeting.	
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Sue Mercer
Project Administrator, NJR Centre

26 April 2004

APPENDIX 1 SUMMARY OF ACTIONS FROM APRIL 2004 SC MEETING

Action no.	Progress	Action holder
2004/169	AEAT/CM to produce a draft guide for SHAs to assist them in their evaluation of submitted Clinical Governance Development Plan. The draft is to be produced by 31 May, circulated to SC members for comment, revised as appropriate and approved for distribution by 18 June.	AEAT/CM
2003/142 (Revised)	JvdM to produce a paper for the July SC meeting, detailing the Research Subcommittee's proposed constitution and summarising key points of their first meeting. Paper to be provided to FD at the NJR Centre by 30 June.	JvdM
2004/170	AEAT to add "Compliance with the NJR, data quality and completeness" to the agenda for the next RCC network meeting (19 May) and the next SC meeting (15 July).	AEAT
2004/171	Amend the January 2004 SC meeting minutes as agreed and place final version on the NJR website. By 26 April 2004.	AEAT
2004/172	PW to e-mail ISD to ensure that the independent sector are included in communications regarding hip and knee replacement data collection in Scotland. [Note: ISD is the Information and Statistics Division of the Common Services Agency, NHSScotland. They carry out the analyses and produce the reports for the Scottish Arthroplasty Project.]	AEAT
2004/173	SC members to inform the NJR Centre by 11 June of their suggestions for how future surplus funds could be best allocated, with supporting rationale, so that AEAT can produce a discussion paper with possible priorities, for the July SC meeting.	All SC members
2004/174	AEAT to prepare a paper for the July SC meeting reporting on data quality issues including nil returning hospitals and hospitals with low levels of case ascertainment.	AEAT
2004/175	AEAT to produce a paper for the July SC meeting that evaluates the RAC role.	AEAT
2004/176	[Action 2004/176] AEAT to request that all RCCs contact their allocated hospitals to obtain: (a) contact details for a lead consultant, administrator and manager responsible for obtaining and retaining NJR compliance (b) indicator information (details to be agreed between NJR Centre and MPo) (c) details of what the hospitals have done to improve compliance This information request should be copied to Medical Directors. The detailed approach will be agreed at the RCC meeting on 19 May 2004.	AEAT / All RCCs
2004/177	AEAT to request that all RCCs submit summary reports on their activity to 31 March 2004.	AEAT
2004/178	AEAT to obtain Swedish (and other) registry comparison compliance figures ahead of the July SC meeting. This should be for a comparable stage of development, i.e. 1 year after going live.	AEAT
2004/179	PG to arrange for a member of the BOA Patient Liaison Group to join the	PG

	Patient Feedback Advisory Group. (Name and contact details to be forwarded to David Carter.)	
2004/180	PG asked that a list of nil return hospitals be sent to RCCs after having been updated with the SC members' corrections.	AEAT
2004/181	AEAT to produce a paper on developing a PKI (Public Key Interface) system (including costs) for the July SC meeting.	AEAT
2004/182	FD to contact Hugh Phillips to obtain an update on development of the "Criteria Standards and Evidence" document that can also be circulated to SC members.	FD
2004/183	NJR Centre Communications Manager to make contact with Gerry Giddins, Chairman of the British Society for Surgery of the Hand (BSSH) to offer them appropriate support.	AEAT
2004/184	JvdM to liaise with the various NJR stakeholder groups to determine what 'early warning' functionality is required for the NJR, what triggers each aspect should set off, resulting actions, and which bodies take prime ownership of each type of scenario involved. JvdM to produce a related paper for the July SC meeting. Individuals to be consulted are: AC, AS, MB, PG, CD and DC. Draft paper to be delivered to the NJR Centre by 30 June 2004.	JvdM
2004/185	AEAT to produce a paper for the July SC meeting regarding putting procedures in place for helping what NJR data appears to indicate are poorer performing surgeons. Production of the paper should involve consulting BD, PG, HP, PW and JvdM.	AEAT
2004/186	The Steering Committee to make an initial decision on whether or not to participate in the European Arthroplasty Register (EAR) at the July SC meeting.	All SC members

APPENDIX 2 PROGRESS ON ACTIONS FROM JANUARY 2004 SC MEETING & EARLIER

Action no.	Progress	Action holder
	Actions from January 2003 meeting	
2003 / 20	<p>Superseded by Action 2004/181 Preparation of a paper on the benefits and financial implications that a PKI system would bring to the NJR.</p> <p>Paper to be prepared for July 2004 SC meeting.</p>	AEAT
	Actions from April 2003 meeting	
2003 / 63	<p>Superseded by Actions 2004/170, 2004/174 and 2004/176 AEAT to provide a method of monitoring outstanding incomplete records' i.e. by hospital, and a plan of follow-up action. It was noted that this action would form part of the participation and compliance procedures.</p> <p>Compliance with the NJR, data quality and completeness will be key items on the agendas of the RCC Network meeting on 19 May and the SC meeting on 15 July. Related activities are planned, including preparation of papers / frameworks for review.</p>	AEAT
	Actions from May 2003 meeting	
2003 / 91	<p>Superseded by Action 2004/179 SC members are asked to identify suitable patient and industry representatives for the research subcommittee. It was agreed that patient representatives would be identified from a BOA Patient Liaison Group which is due to be formed in February 2004.</p>	All SC members
	Actions from September 2003 meeting	
2003 / 116	<p>Completed Further discussion with the European Arthroplasty Register (EAR) is required before a decision could be taken on whether the NJR would participate.</p> <p>Dr Gerold Labek EAR Coordinator attended the April SC meeting to give a presentation and respond to questions. See Action 2004/186 for follow-on action.</p>	AEAT
	Actions from December 2003 meeting	
2003 / 134	<p>Ongoing JM to provide SH with an article on NJR research in time for the next issue of the newsletter (end of February 2004).</p> <p>Research subcommittee has not yet met. JM requested to provide an article for the June newsletter (deadline for receipt – 1st week of June).</p>	JvdM
2003 / 139	<p>Completed BD and PG to raise the issue of the NJR potentially forming part of a hospital's star-rating with Lord Warner.</p> <p>PW reported back to the April 2004 SC meeting.</p>	BD & PG
2003 / 142	<p>Revised (see Action list for April 2004 SC meeting) JM to provide a note for the record of the Research subcommittee</p>	JvdM

	constitution.	
2004 / 159	<p>Ongoing Progress in obtaining compliance from current nil return hospitals to be reviewed at the April SC meeting.</p> <p>Will be revisited in July 2004 SC meeting.</p>	All
2004 / 167	<p>Completed PG has written to Andrew Hamer regarding the SC's decision with regards to NJR collection of blood transfusion information.</p>	PG
2004 / 168	<p>Completed FD contacted Sally Taber to obtain advice on future independent sector representation on the SC and central NJR-related communications with the independent sector.</p> <p>ST provided feedback at the April 2004 SC meeting.</p>	FD